

Regional COMET Training

REIMBURSEMENT

- For Regional COMET trainings, the Center for Substance Abuse Prevention (CSAP) (through CRP, Inc.) will reimburse, consistent with Federal guidelines, reasonable travel cost for one (1) individual grantee up to a maximum of \$700.00.
- The reimbursement will include airfare, hotel, privately owned vehicle mileage, and per diem in accordance with federal travel guidelines (government lodging rates, per diem etc.)
- Attached is the reimbursement form that **MUST** be completed and submitted to CRP.
- Please read instructions carefully and complete the form in its entirety.
- Please type all information or print neatly in blue or black ink.
- The original receipts **MUST** be attached and taped to a separated sheet of paper for proper reimbursement.
- **DO NOT FAX** your reimbursement form to CRP, Inc. A fax copy is **NOT** acceptable for payment.
- Please mail your form to:

CRP, Incorporated
ATTN: Ms. Karen Braxton / Shamai Carter
4201 Connecticut Avenue, N.W., Suite 503,
Washington, DC 20008
(202) 362-0691

**GRANT REIMBURSEMENT FORM**

Connecticut Avenue, N.W. • Suite 503 • Washington, DC 20008

Date Received (by CRP) _____

Attn: Karen Braxton/Shamai Carter		Job/Contract #: 277016059	
Title of Meeting: COMET Trainings for Drug Free Communities for Grantees			
Date of Meeting:			
Location of Meeting:			
1. Name:			
2. Payee:			
3. Address:			
4. Phone #: ()		5. SSN#:	
6. Fax #: ()		7. E-mail:	
ENSURE ORIGINAL RECEIPTS ARE ATTACHED FOR ALL REIMBURSABLE EXPENSES			
8. Travel (Air/Rail Fares)		\$	
9. Lodging		\$	
10. Mileage (miles @ \$.445 per mile)		\$	
Odometer (Start): _____			
Odometer (End): _____			
11. Meals (Part of your Per Diem may be deducted if meals are provided.)		\$	
12. Ground Transportation (Taxis, Shuttles, Parking and Tolls)		\$	
13. Total Amount Claimed:		\$	
14. Departure-this information must be completed to receive reimbursement		Arrival (Home) -this information must be completed to receive reimbursement	
Date & Time: _____		Date & Time: _____	
15. I hereby certify all of the above expenses have been incurred.			
Signature: _____		Date: _____	

CRP USE ONLY FOR PER DIEM CALCULATION

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Reviewed By: _____ Date: _____

(over)

**INSTRUCTIONS FOR COMPLETING
CRP, INCORPORATED EXPENSE REIMBURSEMENT FORM**

- 1. Name** Fill in your first and last names. (Please type or print).
- 2. Payee** If the check should be made payable to an organization or person different from yourself, include that information here.
- 3. Address** Fill in the complete address where the reimbursement check is to be mailed.
- 4. Phone** Your day time phone number is required in case you need to be contacted.
- 5. SSN#** Your Social Security Number is required for identification purposes.
- 6. Fax#** This will help us contact you if questions arise.
- 7. E-mail** Please fill in your e-mail address to also help us contact you if questions arise.
- 8. Travel** Complete this section only when your fare was not prepaid. List the cost of your fare. Always enclose the original receipt portion of your ticket; your reimbursement cannot be processed without this document.
- 9. Lodging** Complete this section only when your hotel was not prepaid or charged to a master account. Record lodging with the dates and the cost of the room and tax charges only. This item is for the direct cost of your room and may not be used for any other hotel-related expenses. Cost is limited per locality. Actual is not to exceed per diem as stated in the Federal Travel Regulations, without prior approval.
- 10. Mileage** Reimbursement is for the miles you drove as part of your travel to and from the airport or event location. Indicate the dates you drove and the odometer reading at the beginning and end of your trip. Multiply your total mileage by \$0.445 cents.
- 11. Meals** Your meal expenses will be reimbursed in accordance with the limit set by the Federal Government for the specific locality in which you traveled. Ensure block 14 is completed so that we may ensure this is accurately calculated.
- 12. Ground Transportation** Parking, tolls and fares are reimbursed when they were part of your travel to and from the event location. Submit original receipts for the cost of taxi cabs, shuttles, parking and tolls, including airport and rail station parking, airport access road tolls, and state highway tolls. Indicate on your receipt the location from which and to which you traveled. Intercity travel to restaurants or entertainment sites is not reimbursable.
- 13. Total** Total the allowable expenses and fill in that information here.
- 14. Travel Time** Please complete the date and time you began your travel and when it ended. We cannot process your meal expenses (#11) without this information.
- 15. Signature** Your original legal signature is required. Failure to sign this document or to send the original with receipts to CRP, Inc. will result in a delay in payment.

Please type all information or print neatly in ink.

Original receipts must be attached and taped to a separate sheet of paper.

Do not fax your reimbursement form. A fax copy is not acceptable for payment.

Please mail your form to: CRP, Incorporated - ATTN: Ms. Andrea Vincent • (202) 362-0691
4201 Connecticut Avenue, N.W., Suite 503, Washington, DC 20008

*****NOTE:** Checks will be mailed approximately 30 days after receipt and processing of accurately completed forms. All reimbursement claims are subject to a final review in accordance with federal government guidelines and the specific terms set forth in your invitational/logistic support letter.